



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2004 JUL 12 AM 9:29
CLERK OF DISTRICT CLERK
IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Beacon Case Management

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Kathryne Stevens, RN CCM</u>	<u>1895 W Santa Clara Dr.</u>
<u></u>	<u>Meridian ID 83642</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

1895 W Santa Clara Dr
Meridian ID 83642
Beacon Case Management
Kathryne Stevens, RN CCM

5. Name and address for this acknowledgment

copy is (if other than # 4 above):

Same

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Secretary of State use only

Signature: Kathryne M Stevens
(signature required)

Printed Name: Kathryne M. Stevens

Capacity/Title: Owner/ RN CCM

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/12/2004 05:00
CK: 1001 CT: 150010 BH: 755035
1 @ 25.00 = 25.00 ASSUM NAME # 2

D78097